

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

FLOYD COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

Book 97
Page 334
Date of Application 8/7/96

IC 31-7-9-1. Furnishing false information upon applying for license.
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant > 50 No ☐ Yes ☐
If No, Medical Examination or Report Dated 5/22/93
Name of Physician Adel Becker MD

MALE APPLICANT

Name Michael T. Farris
Date of Birth 7/17/1966
Place of Birth (State or foreign country) New Albany, IN
Residence Address 8217 Sara Ln Georgetown, IN
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1993
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. N/A

6. (a) Full name of applicant's father Ronald Dwing Farris
(If adopted, list adoptive parents only) Georgetown, IN
Residence of father (if deceased, so state) Georgetown, IN
Birthplace of father (State or foreign country) Georgetown, IN
(b) Full maiden name of applicant's mother Rose Jean Parley
(If adopted, list adoptive parents only) Georgetown, IN
Residence of mother (if deceased, so state) Georgetown, IN
Birthplace of mother (State or foreign country) New Albany, IN

FEMALE APPLICANT

Name Laura E. Schwender
Date of Birth 5/1/1972
Place of Birth (State or foreign country) Indianapolis, IN
Residence Address 1549 Ottawood Dr Clarksville, IN
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father William Arthur Schwender
(If adopted, list adoptive parents only) New Albany, IN
Residence of father (if deceased, so state) New Albany, IN
Birthplace of father (State or foreign country) New Albany, IN
(b) Full maiden name of applicant's mother Laura Virginia Lamber
(If adopted, list adoptive parents only) Clarksville, IN
Residence of mother (if deceased, so state) New Albany, IN
Birthplace of mother (State or foreign country) New Albany, IN

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Michael T. Farris Date 8/7/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Betty J. Hammond Date 8/7/96

State of Indiana)
County of Floyd)
Signed Michael T. Farris in this application is true and correct.
New Address 8217 Sara Ln Georgetown, IN 47120
Subscribed and sworn to before me this 7 day of August, 1996
Betty J. Hammond Clerk of the Floyd Circuit Court

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Laura E. Schwender Date 8/7/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Betty J. Hammond Date 8/7/96

State of Indiana)
County of Floyd)
Signed Laura E. Schwender in this application is true and correct.
New Address 1549 Ottawood Dr Clarksville, IN 47120
Subscribed and sworn to before me this 7 day of August, 1996
Betty J. Hammond Clerk of the Floyd Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of Floyd)
Father ID #
Mother ID #
Subscribed and sworn to before me this day of , 19
 Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of Floyd)
Father ID #
Mother ID #
Subscribed and sworn to before me this day of , 19
 Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Floyd County, Indiana, dated 8/7/96, authorizing the marriage of MICHAEL T. FARRIS and LAURA E. SCHWENDER.

I further certify that the following marriage certificate was filed in my office: I, LORI M. LEWIS (name), certify that on 8/9/96 (date), at NEW ALBANY in FLOYD County, Indiana, MICHAEL T. FARRIS of FLOYD County, INDIANA (state), and LAURA E. SCHWENDER of FLOYD County, INDIANA (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Floyd County, Indiana, dated 8/7/96. Signed by: REV. LORI M. LEWIS (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 9/3/96 (date).

Signed BETTY J. HAMMOND Clerk
Floyd Circuit Court